



VISN 4 Stars and Stripes Network

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Focus on Comorbidity

Upcoming Events, continued

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and how they might incorporate genetic variables into their research. These workshops will take place on September 20, 2002 (Clinical program) and October 3, 2002 (Researcher program) at the Philadelphia VAMC, and may be brought to other medical centers in the future.

Finally, we solicited input and received an enthusiastic response to our proposal to present a workshop on **developing treatment manuals and patient education materials**. We therefore will be offering a half-day workshop in both Pittsburgh (date TBA) and Philadelphia (July 19, 2002). The workshop will address issues related to establishing parameters of manual coverage, content, format, the review process, and publication.

Educational Offerings, continued

(Continued from page 2)

year was offered by our own MIRECC Director, Ira Katz, MD, Ph.D. on June 19, 2002. His topic was Psychiatric Medical Comorbidity. The series will resume in the fall.

Save the date:

Trauma in the
Community

A full-day conference to be
presented:

October 21, 2002
Philadelphia

October 24, 2002
Pittsburgh

Volume 3, Issue 2

Spring/Summer, 2002

MIRECC Messenger



VISN 4 Stars and Stripes Network

Clinical/Educational Demonstration Project Funding Awarded

The MIRECC is pleased to be able to continue to support the Clinical and Educational Demonstration Projects Small Grants Program. This program is designed to assist clinical staff and educators in developing new, innovative clinical and educational interventions, to enhance existing educational materials or programs related to comorbidity, or to improve the system of care delivery.

After a very successful first year, the MIRECC issued a request for proposals that was answered by six individuals representing four sites in VISN 4. After being reviewed by four members of the MIRECC Executive Committee, all six 2002 proposals were awarded funding.

Congratulations to the following clinicians and investigators from VISN 4:

Belinda Barnett – Pittsburgh, PA
Dialectical Behavior Therapy Skills Training and Dual Diagnosis

Nina M. Chychula – Philadelphia, PA
Facing Fear/Finding Meaning: A Model for Enhancing Quality of Life for Patients with Chronic Pain and Post Traumatic Stress Disorder

Stephanie Deaner — Lebanon, PA
The Effectiveness of Primary Care Clinics in Behavioral Health

Larry Drill — Pittsburgh, PA (Highland Drive)
Early Recovery Counseling for Concurrent Bipolar Disorder and Addiction

Ronald J. Pekala – Coatesville, PA
A Pilot Study Treating Affective State via Self-Hypnosis Training in a Substance Abuse Population: With Reference to Child Abuse Factors

Rebecca Warker – Philadelphia, PA
Development of a National Parkinson Foundation, Inc. Handbook Entitled “Parkinson’s Disease: Mind, Mood and Memory”

The MIRECC will hold monthly conference calls with these individuals to assist them in carrying out their projects. Our goal is to provide the support and information that will help these professionals enhance their skills in developing and implementing innovative clinical and educational interventions. Upcoming newsletters will report on the progress of these and the 2001 projects.

Upcoming Events

The coming months will be busy ones in the educational arena; with a wide range of topics, there should be something to suit everyone’s interests. Our annual fall conference will be on the topic of **Trauma in the Community**. This full-day conference will be presented in both Philadelphia (10/21/02) and Pittsburgh (10/24/02), and will address background and treatment issues related to sexual trauma, catastrophes (manmade and other wise), domestic violence, and elder abuse. Watch your email for registration information later in the summer.

In cooperation with the Philadelphia VA’s Park-

inson’s Research, Education, and Clinical Center (PADRECC), the MIRECC will be sponsoring a full-day conference on **psychosis and Parkinsonism**. The conference will take place late this fall in Philadelphia—details will follow.

We are planning two half-day workshops on **genetics**, targeting clinicians and non-genetics researchers. The goal of the workshops is to help clinicians and non-genetics researchers see how their efforts may be informed by a knowledge of genetics, how they can better educate their patients about genetics issues,

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MIRECC Research:

An Integrated Comorbidity Model of Congestive Heart Failure: A Pilot Study

Steven L. Sayers, Ph.D. (PI), Frederick Samaha, MD, James Coyne, Ph.D., & Tom TenHave, Ph.D.

Congestive heart failure (CHF) is a highly prevalent, complex, and burdensome chronic syndrome of adults that carries a significant risk of mortality. Usual treatment includes at least 4 types of medications, and patients must restrict fluid and salt intake and monitor their weight in order to avoid dangerous fluid retention. CHF is responsible for over 800,000 hospitalizations nationally per year and is the leading cause of hospitalization in older adults. Furthermore, CHF is associated with a 50% mortality rate over 5 years, and the sudden death rate in a multi-site, cooperative VA study was 45%. Studies of rehospitalization suggest that a majority of patients are rehospitalized due to nonadherence to diet restrictions and/or medications.

Research indicates that several factors beyond severity have great impact on mortality, including the patient’s clinical depression and a negative family environment. Syndromal and subsyndromal depression are both common among patients with CHF, and are associated with increased risk of rehospitalization and mortality. Because depression is known to decrease adherence to medical treatment, nonadherence may mediate the depressionà CHF outcome pathway. In addition, recent findings provide dramatic evidence that marital relationships play a significant role in the risk of mortality in CHF. It is likely that these effects extend to other close relationships in which the family member has a role in the patient’s medical treatment. Thus, a plausible mediational link between family relationships and increased risk of mortality is patients’ nonadherence to diet restrictions, medication, and other requirements of CHF treatment.

This pilot study has a number of specific aims: 1) Provide an initial test of an integrative comorbidity model that includes depression, family environment, adherence, and CHF severity as predictors of outcome in CHF; 2) Demonstrate the feasibility, reliability and validity of the assessment of adherence and family environment in CHF patients. Explore the reliability of family environment across source of information (i.e., family member vs. patient); and 3) Estimate the stability of adherence across time.

The study is a short-term longitudinal study of 50 CHF patients referred for a recent echocardiogram at the PVAMC, diagnosed with CHF within the past year. Patients and a key relative who is most involved in their care (if available) are seen initially for consent and screening, and then 3 or more times during their clinic visits over 3 months. Patients participate in interviews focusing on psychiatric symptoms, and patients and relatives are assessed regarding the patients’ adherence to the diet restrictions and medication regimen of the treatment of CHF, as well as the quality of the helping relationship with this key relative. Participants are followed for an additional 90 days after the final appointment to determine whether hospitalization or death due to CHF occurred. Thus far, 38 patients have entered into the protocol, 32 of whom have had three or more visits. The investigators have not yet done formal data analysis, but they have gained valuable information regarding the feasibility of specific measures of adherence. For example, they found that patients were highly unreliable in bringing medications to visits, thus preventing pill count methods for measuring medication adherence. Instead they are exploring the utility of searches of electronic pharmacy records.



Educational Offerings

The MIRECC sponsored a full-day conference on “Challenges in the Management of Chronic Pain: Patients with Psychiatric Comorbidities and Addictions” on April 19, 2002 in Philadelphia. Over 190 people attended this event, which brought together experts in interdisciplinary pain management. Rollin Gallagher, MD, MPH provided the opening plenary session on “State of the Art and Science of Pain: Relevant Research for the Clinician,” followed by Mitchell Cohen, MD, whose plenary topic was “Management of Pain in Patients with Psychiatric Comorbidity.” Following morning concurrent sessions on a Rehabilitation Approach (Mitchell Freedman, DO), an Interventional Approach (Michael Robbins, DO), and Integrating Complementary Therapies into the Treatment Plan (Ira Cantor, MD), the afternoon was started off with a plenary session by Howard Heit, MD on “Addiction: What Is It and What Are Its Implications Regarding the Treatment of Pain Patients?” The afternoon concurrent sessions provided a

forum for discussion of difficult cases. The day was wrapped up with a presentation on “What To Do When All Else Fails: Legal and Ethical Perspectives on Case Failures,” presented by Mitchell Cohen, MD and Mimi Mahon, CRNP, Ph.D. The response to the conference was extremely positive, with attendees remarking on the exceptional quality of the speakers. We look forward to continued collaboration with Nancy Wiedemer, CRNP, the Philadelphia VAMC Pain Clinic Manager, who was instrumental in organizing this conference.

The Special Fellowships in Advanced Psychiatry and Psychology V-tel series has concluded, with presentations this winter and spring on Behavioral Genetics (Debbie Tsuang, M.D.), Identification, Evaluation and Selection of Mental Health Measures (Kimberly O’Malley, Ph.D.), and Designing Clinical Trials of Behavior Therapies (Kathleen Carroll, Ph.D. and Bruce Rounsaville, M.D.). The final presentation of this Fellowship

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Long-Term Care Educational Needs Assessment Results are In

The MIRECC recently completed an educational needs assessment of providers in long-term care and geriatrics across the VISN. Surveys were distributed through contact people at each of the medical centers in VISN 4 that includes a nursing home unit. We received 153 completed surveys from six sites. Survey responses identified the top five areas of educational interest across all sites as follows:

- 1) combating burnout;
- 2) stress management;
- 3) working with hostile families;

- 4) interpreting the feelings and needs of persons with dementia; and

- 5) working with verbally abusive/hostile patients.

Although there were striking similarities in identified needs across sites, there also were some important differences. Therefore, each site that participated received site-specific feedback on the educational needs identified by their staff. The MIRECC



and medical center education departments will use this information in planning future educational and training efforts.

In addition to this long-term care needs assessment, the MIRECC already has conducted an educational needs assessment in behavioral health. Our next step will be to survey patients and families regarding their educational needs. An instrument is currently under development for this purpose.

Spotlight on a MIRECC Investigator: Dennis Daley, Ph.D.

In addition to being the MIRECC Co-Associate Director for Education, Dr. Dennis Daley currently is Associate Professor of Psychiatry, Chief of Addiction Medicine Services, and Director of the Center for Psychiatric and Chemical Dependency Services at Western Psychiatric Institute and Clinic (WPIC) of the University of Pittsburgh Medical Center in Pittsburgh. He also is Associate Professor in the School of Social Work at the University of Pittsburgh.

Dr. Daley not only is an accomplished researcher and tireless educator, he also is a pioneer. His work in the area of dual diagnosis has broken new ground in recovery treatment, especially regarding the improvement of treatment adherence. Dr. Daley has taken as his mission the dissemination of information to patients, families, and professionals, something researchers often fail to do. His career has emphasized developing recovery materials for patients and families (books, workbooks, videos), writing books and treatment manuals for clinicians, and developing training programs.

Dr. Daley’s group at WPIC has developed models of clinical care in the areas of relapse prevention, dual disorders, group treatment, and motivational therapy. His group is one of the first in the country to develop integrated treatment programs for dual disorders, and they have implemented dual diagnosis programs in a psychiatric hospital, residential facility, ambulatory services, and several criminal justice projects for dual disordered

adolescents and adults. Their dual diagnosis program for incarcerated youth recently was named "Program of the Year" by the state of Pennsylvania. Dr. Daley was among the first in the country to write workbooks on recovery from addiction and dual disorders. His idea was to provide user-friendly and interactive guides that provide information, encourage change, and help the reader relate to the material in a personal way through the completion of checklists, worksheets, etc. In the early 1990s Dr. Daley also pioneered the development of patient education videos on dual disorders. He created three unique series of interactive recovery videos for patients entitled *Living Sober* (19 total videotapes). These videos are used in many drug and alcohol and dual diagnosis treatment programs throughout the country. Finally, the "Pittsburgh" model of dual diagnosis treatment has been widely adapted in Sweden, and a treatment manual and patient workbook on dual disorders have been translated to Swedish as a result.

From this body of clinical work, Dr. Daley and his colleagues have developed a number of research projects, many of which have been funded through NIAAA, NIDA, or pharmaceutical companies. His current research includes studies of *Treatment of Mood Disorders and Addiction* and *Improving Treatment Adherence Among Dual Diagnosis Patients*.



Dr. Dennis Daley

A listing of Dr. Daley’s over 200 publications would fill this entire newsletter. Some illustrative numbers: over 1,000,000 copies of various patient manuals are in print; over 100,000 copies of books for professionals are in print; and over 1,000,000 patients have seen Dr. Daley’s drug and alcohol, mental health, and dual diagnosis videos. His most recently published book is *Dual Disorders: Counseling Clients with Chemical Dependency and Mental Illness*, 3rd edition.

As if he doesn’t do enough writing in his professional life, Dr. Daley hopes to one day write novels. He also is an avid sports fan and participant, with a wicked jump shot. He enjoys reading and traveling and, especially, spending time with his wife of 25 years and their two children, ages 17 and 21.